

*This sheet is not part of and does not count as a sheet of the international application.***PCT****FEE CALCULATION SHEET
Annex to the Request**

For receiving Office use only

PCT/US 05/02032

International Application No.

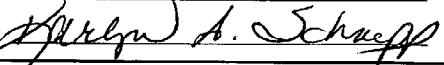
Date stamp of the receiving Office

Applicant's or agent's
file reference **91830/0530707**Applicant
UNIVERSITY OF CINCINNATI**CALCULATION OF PRESCRIBED FEES**1. TRANSMITTAL FEE **300.00 T**2. SEARCH FEE **1920.00 S**International search to be carried out by **EP***(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)*

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } **31**
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }**i1** first 30 sheets **1134.00 i1****i2** **1** x **12.00** = **12.00 i2**
number of sheets
in excess of 30**i3** additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):**400** x _____ = **i3**
fee per sheetAdd amounts entered at i1, i2 and i3 and enter total at I **1146.00 I***(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)*4. FEE FOR PRIORITY DOCUMENT (if applicable) **20.00 P**5. TOTAL FEES PAYABLE **3386.00**

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL**MODE OF PAYMENT** authorization to charge
deposit account (see below) postal money order cash coupons cheque bank draft revenue stamps other (specify): **Credit Card****AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT***(This mode of payment may not be available at all receiving Offices)* Authorization to charge the total fees indicated above.*(This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.* Authorization to charge the fee for priority document.Receiving Office: RO/ **US**Deposit Account No.: **06-2226**Date: **21 January 2005**Name: **SCHNAPP, Karlyn A.**Signature: 

See Notes to the fee calculation sheet